

**CLAIMS ONLY**

 Application Number  
**89/671764**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
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Total Indep						
Total Depend			21			
Total Claims			21			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						